CHAPTER – 5

Conclusion and Suggestions
CONCLUSION AND SUGGESTIONS

This chapter is based on all what is discussed in the previous parts of this thesis. It is divided into 2 parts, namely Conclusion and Suggestions. Conclusion is a summary of findings of the chapter titled "Education and Health in India: An Interstate Comparison of Gender Disparities". The second part called- Suggestions, draws upon two chapters of this thesis namely "Review of Literature" and "Engendering Education and Health: International and National Initiatives". The basic aim of this section is to put various ideas discussed and deliberated in the previous sections of this thesis in the form of suggestions for future policy.

5.1 Conclusion

5.1.1 Literacy Rate

Despite all efforts, sluggish increase in literacy rate in India is achieved over the last two to three decades. Among all countries of the world, India is home to largest illiterate population. According to census 2011, Literacy and Education are important indicators in a society and play a central role in human development that impacts overall social-economic development milieu. Higher levels of literacy and education lead to better attainment of health and nutritional status, economic growth, population control, empowerment of the weaker sections and community as a whole. Also, higher literacy rates improve development indicators consistently.

Attainment of universal primary education is one of the Millennium Development Goals of the United Nations to be achieved by the year 2015. Literacy rate and educational development are considered to be key variables affecting demographic indicators like fertility, mortality (especially infant mortality) rate and migration. It
greatly contributes in improving quality of life, particularly with regard to life expectancy, infant mortality, learning levels and nutritional levels of children. Higher level of literacy and educational development lead to greater awareness on the one hand and help people in acquiring new skills on the other.

According to census 2011, India’s overall literacy rate is 74.04 percent but widespread disparity between states, residence (rural and urban) and gender (males and females) is observed. In India, Gender gap in literacy is not very high (10 percentage points) in urban areas but in rural areas there is a large gender gap of the order of 20 percentage points. Interestingly there is also a large gap in literacy rates (21 percentage points) if we compare between rural and urban females. On the other hand gender gap between rural and urban males is also not very high (10 percentage points). In rural areas major states which have a medium level of gender gap are Punjab, Himachal Pradesh, West Bengal, Tamil Nadu, Arunachal Pradesh, Assam, Delhi and few other small states. Kerala, Nagaland and Meghalaya are the only states with low gender gap in rural areas. On the other hand in urban areas none of the states have a high level of gender gap in literacy rates. Most of the states in urban India show a medium level of gender gap with some states (Punjab, Himachal Pradesh, West Bengal, Kerala, Assam etc) showing a low level of gender gap. In rural India fewer states (Kerala, Nagaland and Meghalaya) have low gender gap in literacy as compared to urban India. It is thus concluded from the study of Rural and Urban India that there is more gender disparity in literacy in Rural India as compared to Urban India. Kerala, Meghalaya and Nagaland are the only states which have a low level of gender disparity in literacy levels in both rural and urban areas. States which do not have high gender disparity in both rural and urban areas are Punjab, Himachal Pradesh, Delhi, West Bengal, Goa, Tamil Nadu, and all the northeastern states.
Overall (rural and urban taken together), there are few states showing high levels of literacy. These are Kerala, Goa, Delhi, Mizoram and Tripura. There are many major states showing high levels gender gap in literacy rates. These states are contiguous states the so called EAG (Empowered Action Group) states leaving Uttarakhand and including Jammu and Kashmir. If we study women’s literacy rates and gender gaps in combination it is revealed that only two states have higher levels of women literacy combined with low gender gap, while there are many states in which women’s literacy is low and gender gaps are high. These states are contiguous including all the EAG states, Haryana and Jammu and Kashmir.

5.1.2 School Attendance Rate

There is not much difference in school attendance rate for boys if we compare rural and urban areas. Among girls, school attendance is lower in rural than in urban areas. In most states, overall (boys and girls together) school attendance rates are higher in urban areas than in rural areas. The only exceptions are Himachal Pradesh, Uttarakhand, and Sikkim. Among rural males many northern and southern states have a high level of school attendance rate but only two states (Bihar and Meghalaya) have a low level of school attendance. In contrast to rural males, rural females have a low level of attendance in many states but fewer states (Kerala, Tamil Nadu, Goa, Himachal Pradesh, Uttarakhand, Delhi, Sikkim and Tripura) have a high level of attendance rates. States having high level of attendance in both rural males and rural females are Uttarakhand, Himachal Pradesh, Delhi, Tripura, Goa, Kerala and Tamil Nadu. States which have a low level of attendance among both rural males and rural females are Bihar and Meghalaya.
Gender gaps in attendance rates in rural areas are high in contiguous states of Rajasthan, Uttar Pradesh, Bihar, Jharkhand, Chhattisgarh, Orissa, and Andhra Pradesh. In urban areas none of states have a high level of gender gap in attendance rate rather most of the states had a low level of gender gap. Overall Gender gap (rural and urban together) is high only in three states (Rajasthan, Bihar and Jharkhand). Low levels of female attendance in combination with high gender gaps are observed in Rajasthan, Bihar and Jharkhand. States in which high female attendance rates along with low gender gaps are found include Himachal Pradesh, Kerala, Goa, Sikkim, Manipur, Mizoram and Tripura.

5.1.3 Gross Enrolment Ratio in Higher Education

The access to higher education is generally measured by Gross Enrolment Ratio (GER) in higher education. GER measures the access level by taking the ratio of persons in all age group enrolled in various programs of higher education to total population in age group of 18 to 23 years. Gross Enrolment Ratio of India during the session 2011-12 was 19.4 percent. It was 20.8 for males and 17.9 for females recording a gender disparity of 2.9 percentage points. If we look at the data of different states and union territories of India wide disparities are observed among males and females as well as between male and females. GER among males is very high in Chandigarh, Manipur, Tamil Nadu, Delhi and Arunachal Pradesh (42.2, 38.5, 36.5, 35 and 33.6 respectively), and very low in Bihar, Andaman and Nicobar Islands, Jharkhand, Dadra and Nagar Haveli and Daman and Diu (11.8, 9.6, 8.8, 3.5 and 2.7 respectively). Among females the top five places in decreasing order of GER are secured by Chandigarh, Goa, Manipur, Pondicherry and Delhi while bottom five places in increasing order of GER are occupied by Dadra and Nagar Haveli, Daman and Diu, Jharkhand and Bihar. A clear north-south divide is observed with southern
India having higher GER than northern and central India in both males as well as females. Southern states of Tamil Nadu, Andhra Pradesh, and western state of Maharashtra are blue while central states of Uttar Pradesh, Madhya Pradesh, Chhattisgarh and eastern states of Bihar, Jharkhand, Orissa, and West Bengal are low GER states. Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand and West Bengal and Assam are low achievers in both males' and females' achievements in GER. Delhi, Tamil Nadu, Goa and Manipur are high achievers in both males' and females' achievements in GER.

States showing high gender gaps in GER in higher education are Rajasthan, Punjab, Haryana, Maharashtra, Andhra Pradesh, Tamil Nadu, Arunachal Pradesh, Nagaland and Manipur. Low gender gaps in GER in higher education are found in Delhi, Uttar Pradesh, Uttarakhand, Himachal Pradesh, Kerala, Goa, Assam and Meghalaya.

5.1.4 Gross Enrolment Ratio in Higher Education among Scheduled Castes and Scheduled Tribes

In case of Scheduled Castes high gender gaps in GER in higher education are found in Maharashtra, Andhra Pradesh and Arunachal Pradesh, while low gender gaps are found in Himachal Pradesh, Uttarakhand, Uttar Pradesh, Assam and Kerala. In case of Scheduled Tribes high gender gaps in GER in higher education are found in Rajasthan, Maharashtra, Andhra Pradesh, Tamil Nadu, Arunachal Pradesh and Manipur while low gender gaps are found in Himachal Pradesh, Uttarakhand, Jharkhand, Kerala, Sikkim and Meghalaya. Low female GER and High gender gap in combination are found in Rajasthan, Punjab and Nagaland. If we consider a combination of low gender gaps and high female GER in higher education two states are found to be in this category i.e. Uttarakhand and Goa.
5.1.5 Thinness or Under Nutrition

Malnutrition in adults can be assessed using the body mass index (BMI), which is defined as weight in kilograms divided by height in metres squared (kg/m²). A BMI below 18.5 indicates chronic energy deficiency or under nutrition. Adults with a BMI below 18.5 are considered to be too thin for their height. Prevalence of under nutrition and over nutrition is widespread all over India. All the states in which men have a low BMI, women also have a low BMI but there are more states showing low BMI for women as compared to men. Another striking feature is that low BMI states are contiguous occupying the centre of country and dividing it into two parts leaving only the northern and southern tips. Least percentage of men and women who are thin is found to be in Mizoram (9.2 percent) and Sikkim (11.2), while highest percentage of men and women who are thin is found to be in Tripura (41.7) and Bihar (45.1) respectively. Highest percentage of undernourished men is found in contiguous states starting from Gujarat through BIMAROU states to West Bengal and Assam in the northeast. High percentage of undernourished women is present all the states except Kerala, Punjab, Delhi, Sikkim, Arunachal Pradesh, Manipur, Nagaland, Mizoram and Meghalaya which have a low percentage of undernourished women and Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Haryana, Tamil Nadu and Andhra Pradesh which have a moderate percentage of undernourished women. Females' under nutrition/thinness is more than that of males’ by a margin of more than 4 percentage points in Bihar, Jharkhand, Chhattisgarh and Orissa. Along with high gender gaps these four states also showed high level of female under nutrition also. There are many states in which males’ under nutrition is more than that of females’. These states include Kerala, Rajasthan, Punjab, Delhi, Uttar Pradesh, Jammu and Kashmir, Sikkim, Manipur and Tripura. Among these states Himachal
Pradesh, Delhi, Kerala, Sikkim and Manipur also showed low absolute levels of undernutrition among females.

5.1.6 Obesity or Over Nutrition

People having a BMI of more than or equal to 25 are considered overweight or obese. These people are so because of over nutrition. Unbalanced diet leads to over nutrition which results in bulky and unhealthy body. Less than 5 percent of men are overweight in states of Madhya Pradesh, Chhattisgarh, Jharkhand and Tripura. Lowest percentage of overweight men is present in Madhya Pradesh (4.3 percent). Similarly only a few states (Kerala, Goa, Punjab and Delhi) have a high level of percentage of overweight men, but highest percentage of overweight men is found in Punjab (22.2 percent). Most of the states have a moderate percentage of overweight men. The situation is quite different in case of overweight women. There is only one state (Bihar) in which percentage of overweight women is less than 5 percent. In Bihar 4.6 percent of women are overweight. Highest percentage of overweight women is found to be in Punjab (29.9 percent). There are many other states (Jammu and Kashmir, Gujarat, Sikkim and all Southern states in which more than 15 percent of women are overweight. All the other states have a moderate percentage of overweight women. More males are found to be overweight than females in three states. These are Bihar, Meghalaya and Tripura. All the other states had more overweight females than males. Among these states there are some states in which the difference of overweight females over males was more than 4 percentage points. Such states include Jammu and Kashmir, Punjab, Haryana, Uttarakhand, Gujarat, West Bengal, Manipur, Kerala, Tamil Nadu and Karnataka. A combination of high percentage of overweight women and high gender gap is found in Jammu and Kashmir, Punjab, Gujarat, Kerala, Tamil
Nadu and Karnataka. A combination of low gender gap and low percentage of overweight women is found in only one state i.e. Bihar.

5.1.7 Anemia

Anemia is caused by shortage of hemoglobin in blood. In this study data shows percentage of men and women aged 15 to 49 years suffering from anemia. A woman is anemic if 1 dl of her blood contains less than 12 grams of hemoglobin and a man is anemic if 1 dl of his blood contains less than 13 grams of hemoglobin.

Among males none of the states show a high level of anemia. States having moderate levels of anemia among males are Gujarat in western India, Rajasthan, Uttar Pradesh and Uttarakhand in northern India, Madhya Pradesh and Chhattisgarh in Central India, Bihar, Jharkhand, Orissa and West Bengal in Eastern India, Andhra Pradesh in Southern India and Arunachal Pradesh, Assam, Tripura and Sikkim in Northeastern India. States which show low levels of anemia among men are Jammu and Kashmir, Himachal Pradesh, Punjab, Haryana and Delhi in Northern India, Kerala, Tamil Nadu, and Karnataka in Southern India, Maharashtra in Western India and Manipur and Mizoram in Northeastern India. Among females none of the states show low level (yellow) of anemia. Most of the states show a high level of anemia among women. Some states which show a moderate level of anemia are Punjab, Himachal Pradesh and Uttar Pradesh in the Northern India, Maharashtra in Western India, Kerala in Southern India and Manipur, Mizoram and Meghalaya in Northeastern India.

High gender gaps in percentage of anemic population are found in many states. These states are Jammu and Kashmir, Haryana, Gujarat, Madhya Pradesh, Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Chhattisgarh, Bihar, Jharkhand, West Bengal and Sikkim. All these states except Maharashtra showed high percentage of
anemic women also as compared to non anemic women. There is only one state (Meghalaya) in which low gender gap in percentage of anemic population. There is no state which showed a low percentage of anemic women population as well as low gender gap.

5.1.8 Mortality Rates (Neonatal, Post Neonatal and Child Mortality Rate)

Neonatal Mortality Rate (NMR)

NMR depends upon access to basic medical care during pregnancy and after delivery. Good medical care during and after delivery may decrease NMR but with given medical facilities there is a biological advantage of females over males in surviving the first month of life. Male NMR is lowest in Kerala (16.5) and highest in Chhattisgarh (65.1) while female NMR is lowest in Kerala (12.4) and highest in Uttar Pradesh (53.2). These upper and lower limits of NMR in Indian states establish female biological advantage. States having low level of NMR among males are Kerala, Tamil Nadu, Goa, Haryana, Delhi, West Bengal and some Northeastern states. There are lesser states with low level of NMR among males than females. These are Kerala, Goa and Mizoram. Similarly high level of NMR is shown by more states among males than females. Among females Uttar Pradesh, Madhya Pradesh, Jharkhand and Assam show a high level of NMR. All these states except Assam also have a high level of NMR among males with additional states of Chhattisgarh, Orissa, West Bengal and Andhra Pradesh.

High gender gap in neonatal mortality rate is found in only one state (Assam). Assam also had high percentage of neonatal mortality among females. Moderate gender gap was found in Rajasthan. In all the other states neonatal mortality was higher among males as compared to females. Among the states having low neonatal mortality
among females, some states also had low gender gaps. These states include Haryana, Delhi, Goa, Kerala, Tamil Nadu, West Bengal, Sikkim, Meghalaya, Manipur, Mizoram and Nagaland.

Post Neonatal Mortality Rate (PNMR)

Among males, Uttar Pradesh, Madhya Pradesh and some Northeastern states show a high level of PNMR while among females Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Uttarakhand, Bihar, Rajasthan and Arunachal Pradesh show a high level of PNMR. These are contiguous states except Arunachal Pradesh. High gender gaps in Post Neonatal Mortality are found in Punjab, Uttarakhand, Uttar Pradesh, Bihar, Gujarat and Tamil Nadu. Among these states Uttarakhand, Uttar Pradesh and Bihar also high levels of Post Neonatal Mortality among females. States with low female Post Neonatal Mortality as well as low gender gap include Himachal Pradesh, Maharashtra, Andhra Pradesh and Kerala.

Child Mortality Rate (CMR)

Child mortality is the probability of death between first and fifth birthday. Child Mortality Rate (CMR) is the number deaths per thousand live births between first and fifth birthday. Kerala shows lowest CMR among males (1.4) as well as females (2.4). Jharkhand (36.7) shows highest CMR among males while Uttar Pradesh (43.2) shows highest CMR among females. Other states which show a very high (more than 40) CMR among females are Jharkhand and Bihar. In case of males there are only three states (Jharkhand, Orissa and Arunachal Pradesh) with high levels CMR. In case of females there are more states (Jharkhand, Chhattisgarh, Madhya Pradesh, Bihar, Uttar Pradesh and Arunachal Pradesh) which show a high level of CMR. Similarly there are fewer states with low levels of CMR among females than males.
High gender gaps are found in child mortality are found in many states. These states include Jammu and Kashmir, Punjab, Haryana, Rajasthan, Uttar Pradesh, Bihar, Madhya Pradesh, Chhattisgarh, Gujarat, Assam and Tamil Nadu. Among these states Uttar Pradesh, Bihar Madhya Pradesh and Chhattisgarh also showed high child mortality among female population. States which showed low gender disparity and simultaneously low child mortality among females are Himachal Pradesh and Sikkim.

5.2 Suggestions

1. Gender Budgeting should be done and every policy should be viewed from a gender lens if gender equality is to be achieved. Das and Mishra (2006), hold that gender blind budgets tend to benefit the men more than the women unless concerted efforts are made to correct gender-based discrimination.

2. Poverty alleviation is important for narrowing down gender disparities in health and education. Education and health are not priorities among poor rather they focus more on securing basic necessities of life. Alleviation of poverty would decrease the involvement of children (boys and girls) in occupational work and other income generating activities at home. This would also decrease the involvement of girl child in household work and sibling care at home and attendance of girl child is expected to rise. This would also help retention of girl child in particular and both sexes in general, in schools for long.

3. In a poor country like India it is necessary that the government should devise such methods of health care provisioning which are cost effective and hence put lesser burden on the pockets of the consumers.
4. Access to safe drinking water must be ensured so that water borne diseases can be minimized. A large population of our country is still not able to secure safe drinking water leading to high mortality and morbidity.

5. Lack of proper sanitation is also a contributor in morbidity in India. The state must ensure proper sanitation and hygiene.

6. Proper information about certain diseases can lead to their prevention. The government should strengthen such media which provides health related information to general public. This would contribute to controlling many diseases.

7. Quality of health care services in India has been dismal. The government should ensure that good quality of health care reaches to every citizen of this country.

8. Private health service providers should be promoted but at the same time kept under check regarding the money they charge for their services. The government should formulate policies which allow poor population to access private health care, which is certainly not the case as of today.

9. The government should secure a clean and pollution free environment for the public especially in big and industrial cities.

10. Maternal and child health services should be increased.

11. The government should make its health and nutrition policy keeping in mind gender concerns. The health policy should be such that it addresses the needs of men and women separately and equitably.

12. The government should encourage women to actively participate and be a part of health care services in the form of doctors, nurses and other personnel.
13. Women’s education plays a crucial role in not only improving her own health but also the health of whole family especially children. Women’s role in improving the health of the society cannot be undermined and therefore government should try to create an environment so that more and more girls and women get educated.

14. Government expenditure on health should rise to at least 3 percent of GDP as early as possible.

15. Every pregnant woman should be provided with recommended dose of iron and folic acid supplements free of cost by the government.

16. Researches relating to gender issues especially women’s health and education must be adequately funded and promoted by the government.

17. All data collected by different government and non-government agencies should be disaggregated by sex. This would promote more research on status of women and gender gaps may be bridged in future.

18. Government should take necessary steps to prevent early marriages and forced marriages of girls.

19. The government should enforce strict laws on sexual violence, rape etc because this is one of the causes of HIV infection.

20. The government should undertake necessary actions regarding social exclusion and stigmatization related to diseases like HIV infection, leprosy etc which results in under detection and therefore lack of treatment.

21. The government should strengthen prevention programs aimed at reducing tobacco use by women and girls and also prevent tobacco advertising and try to create a smoke free environment.
22. The curricula of health care providers should be such that medical ethics are 
*promoted* and *girls and women are treated with respect and dignity*.

23. Improved pre-natal and post-natal care should be provided to women.

24. To combat health disorders among girl children, adolescent girls and women 
of reproductive age group special programs should be started to ensure that 
deficiencies of Vitamin A, Iron and Folic acid and Iodine etc are minimized.

25. Financing of healthcare must be predominantly tax based

26. Healthcare should be recognized as a public or social good, and there should 
be a constitutional and/or legal mandate guaranteeing right to healthcare.

27. Educated females have a greater role in household decision making especially 
*regarding nutrition and feeding practices*. There is also an inverse relation 
between female education and mortality rates. Therefore female education 
should be one of the top priorities of the government.

28. Non formal education should be given to adolescent girls with a focus on basic 
skills, physical and sex education.

29. Premature withdrawal of a student from school before completion of the last 
class/grade (elementary cycle) leads to wastage, while stagnation implies 
retention of a student in a class for more than the required period of stay 
due to unsatisfactory progress. As a matter of fact, both the individual and 
social cost of dropping out of school increases. This leads to wastage of 
resources of the country. Government should devise methods to ensure 
minimum wastage and stagnation.

30. Mere enrolment does not guarantee attendance. The school has to facilitate a 
learning process and an environment that ensures the child’s enjoyment while
learning. Innovative methods should be adopted with use of teaching aids and involvement of pupils in teaching learning process.

31. Mere increase in allocations and inputs may not be translated into actual delivery of education because of a system of behaviors, both within government and among citizens. Steps should be taken to strengthen delivery systems so that benefits of government policies reach to the target smoothly.

32. Government should create more jobs for women in the market. More jobs for women would push up economic benefits of parent’s investment in girl’s education.

33. Drop-out rate among girls should be curtailed and retention of girl child should be focused by government not only in lower classes but through higher education as well.

34. Increase in number of schools should be such that it leads to shorter distance for a student to go to school. This would also improve the problem of overcrowded classrooms which is another hurdle of children especially girl children not retaining in schools.

35. Quality of schooling should be improved and trained teachers should be employed. In service training of teachers and classroom inspection should be done regularly.

36. More female teachers should be appointed so that it becomes easier for girl child to accommodate in the school environment.

37. Universalization of elementary education should be focused with special attention on the girl child.

38. Government should provide subsidized education for girls in those areas where gender gaps are high.
39. Access to information is another factor responsible for low level of education and high gender disparities among females. The government should make sure that all information regarding government programs launched to benefit females should reach them in time through suitable media.

40. India performs poorly in terms of access to higher education in terms of GER. India’s GER in higher education is about 10% which is very low when compared to world average of 23%. Therefore there is a great need to increase infrastructure workable policies.

41. Quality of higher education can be improved by innovative methods of teaching and learning. There is a need to shift from traditional lecture method to learning by discussions and debates, seminars, presentations and workshops. Further there is need to bring major changes in irrelevant curricula and syllabus, outdated methods of evaluation, market unfriendly courses.

42. Failure of government in providing higher education according to demand in the country has led to commercialization and politicization of higher education to great level which has further led to degradation in quality. It is now the responsibility of the government to strike a balance between quality and quantity and also between public and private.

43. Government is bearing costs and risks and private sector is making huge profits by charging absurd prices of their services in both health and education sectors in India. Health and education are now luxuries of the rich rather than necessities of the poor. The government should come forward and make necessary changes in this flawed system to ensure that both health and education sectors remain pro-excluded (poor, women etc).
44. Gender gaps in education are higher in higher education as compared to primary education. So government should reframe its admission policy in such a way that it allows more admission to females.

45. Caste barriers continue to play their destructive role in society. SC’s and ST’s remain to be less educated as compared to general category. The government should pay more attention to improve the educational status of these backward groups.

46. Different awareness campaigns should be launched with trained personnel who work at the ground level to the effect that social stereotyping and attitude of family towards girl child education be changed in a positive way. This would lead to help in tackling the problem of parents’ indifference and lack of interest in girl child’s education in particular.

47. Another common practice in government schools in remote areas is that teachers are not physically present in schools while their attendance is marked regularly. This affects the motivation of students as well as parents to continue education in such schools.

48. Primary, secondary and tertiary health care services should be adequately provided so that every citizen can access them without any hurdles. In order to ensure these services to be effective it is necessary to focus on wider coverage especially the rural areas.

49. Revision of textbooks and school programs should be done in such a way that stereotyped concepts of roles of men and women could be eliminated. School text books and programs must emphasize on gender equality.

50. Women’s participation in vocational, technical and professional education at different levels should be promoted.
51. The government should set up residential schools for girls from socio-
economically backward and educationally disadvantaged backgrounds to
ensure their retention and completion of basic education.

52. The government should announce more scholarships for girls to help them
continue through secondary and higher education.

53. Courses which are of special interest to girls should be developed and started
in all polytechnics at certificate and diploma levels.

54. Government should provide infrastructure specifically for girl child education.
More schools should be opened specifically for girl child and attempt should
be made to bring more girls to school.

55. The partial or complete Privatization of basic services (including health and
education) should be stopped as it affects the process of Human development
and is pro-rich and pro-men rather than being pro-poor and pro-women.